COBB COUNTY CASE EVALUATOR APPLICATION CONFIDENTIAL

Pursuant to the Cobb County Superior Court ADR Order for Case Evaluation, a case evaluator must have a minimum of (7) seven years of Georgia practice and have served as lead counsel from inception to completion for a minimum of 10 cases in the Georgia Courts in each area of expertise which they would like to be certified.

**Please refer to attached Case Evaluator Qualifications for a complete list of requirements & qualifications ** Which case type(s) would you like to be qualified as an Evaluator? _____Equity Domestic Relations _____ Contracts ____Zoning _____ Torts _____ Tax Appeals _____ Condemnation (PLEASE PRINT OR TYPE) FULL NAME: BUSINESS ADDRESS: MAILING ADDRESS: (IF DIFFERENT) HOME TELEPHONE: _____ OFFICE TELEPHONE: FAX #:

E-MAIL ADDRESS: ____

FORMAL EDUCATION

SCHOOL	GRADUATION DAT	<u>E</u>	DEGREE
	CASE EVALUATOR EXPE	RIENCE	
VE YOU EVER AC SNO	TED AS A PROFESSIONAL C	ASE EVALU	ATOR BEFORE?
OR HOW MANY YEA	RS?		
OW MANY CASES H	AVE YOU EVALUATED?		
HAT TYPES OF CA	SES DO YOU HAVE EVALUAT	IVE EXPER	IENCE IN?
IST ALL MEDIATI	ON & CASE EVALUATION TR	AINING YO	U HAVE RECEIVE
	tors must complete 28 h ng as well as 8 hours o ing)		
TRAINER	COURSE TAKEN	DATE	HOURS
	ing to evaluate domesti aluating cases where do		
oncern?	_ If yes, what kind of		
necifically wit	h domestic violence?		

PLEASE ATTACH CERTIFICATE OF COMPLETION FOR EACH TRAINING SEMINAR

HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLING PROFESSIONALLY? YES NO	ARY ACTION			
(IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.)				
HAVE YOU EVER BEEN CHARGED OR CONVICTED WITH A MISDEMEANOR OTHER THAN TRAFFIC OFFENSES? YES NO	FELONY OR			
(IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.)				
EMPLOYMENT				
LIST EACH OFFICE OR PLACE OF PRACTICE FOR THE PAST (5)	YEARS:			
EMPLOYER FROM TO				
	_			
	_			
	_			
LIST MEMBERSHIP IN ANY PROFESSIONAL ORGANIZATIONS:	_			

In order to meet the qualifications to become a case evaluator, you must be an active member in good standing of the Georgia Bar with at least seven (7) years of Georgia practice.

DATE ENTERED LAW PRACTICE				
STATE BAR NUMBER:				
DATE ENTERED LAW PRACTICE IN GEORGIA				
COUNTY OF ADMISSION:				
HAVE YOU HAD AT LEAST SEVEN YEARS OF GEORGIA PRACTICE?				
WHICH OF THE FOLLOWING AREAS HAVE YOU BEEN LEAD COUNSEL FROM INCEPTION TO COMPLETION FOR A MINIMUM OF 10 CASES AND ARE INTERESTED IN QUALIFYING AS AN EVALUATOR?				
Domestic Relations	Equity			
Contracts	Zoning			
Torts	Tax Appeals			
Condemnation				

***To satisfy the Case Evaluator qualification in this Court's Order pertaining to "Good Standing", a current Letter of Good Standing must be issued to the ADR Office by the State Bar of Georgia. To obtain a Letter of Good Standing, you can order it online at www.gabar.org for a \$15 fee or you can send a check for \$15 payable to "State Bar of Georgia" with a written request to:

State Bar of Georgia Membership Dept-LGS 104 Marietta St., Suite 100 Atlanta, GA 30303

Request that the letter be sent directly to the ADR office at the address below

RETURN APPLICATION TO:

SUPERIOR COURT ADR OFFICE 30 WADDELL STREET MARIETTA, GA 30090-9642 ATTN: LINDA MCCLAIN, PROGRAMS ADMINISTRATOR